

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Debatin *et al.* **Filed via EFS Web
April 1, 2008**

Title: SMAC-PEPTIDES AS THERAPEUTICS AGAINST
CANCER AND AUTOIMMUNE DISEASES

Appl. No.: 10/511,037

§371 Date: January 19, 2005

I.A. Filing Date: April 17, 2003

Examiner: Hong Sang

Art Unit: 1643

Confirmation No.: 6277

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and Reply, Sequence Listing, and Statement and Declaration to Support Filing and Submission of Sequence Listing by Amendment in the above-identified application.

☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

☐ Assertion of Small Entity status is enclosed.

☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims		Rate		Additional Claims Fee
Total Claims:	17	-	22	=	0	x	\$50.00	=	\$0.00
Independent:	2	-	2	=	0	x	\$210.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$360.00	=	\$0.00
CLAIMS FEE TOTAL									\$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the
total number of months checked below:

[] Extension for response filed within the first month:	\$120.00	\$0.00
[] Extension for response filed within the second month:	\$460.00	\$0.00
[x] Extension for response filed within the third month:	\$1,050.00	\$1,050.00
[] Extension for response filed within the fourth month:	\$1,640.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,230.00	\$0.00
EXTENSION FEE SUBTOTAL:		\$1,050.00
EXTENSION FEE ALREADY PAID: -		\$0.00
EXTENSION FEE TOTAL		\$1,050.00
CLAIMS AND EXTENSION FEE TOTAL:		\$1,050.00
[] Small Entity Fees Apply (subtract ½ of above):		\$0.00
[] Suspension of action requested under 37 C.F.R. § 1.103(c)		\$0.00
TOTAL FEE:		\$1,050.00

A credit card authorization for \$1,050.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.


Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 1, 2008

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Customer Number: 22428
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By Julie Heider

 Michele M. Simkin ^{Reg. #54,1161}
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